

ISSUE SLIP STAPLE AREA (for additional cross reference)

POSITION	INITIALS	FO NO.	DATE
FEE DETERMINATION	SP		9-2-01
O.I.P.E. CLASSIFIER		27	5-9-01
FORMALITY REVIEW	SP	10440	05/17/01
RESPONSE FORMALITY REVIEW	TC	947	10/17/01

INDEX OF CLAIMS

✓ _____ Rejected
 = _____ Allowed
 - (Through numeral) _____ Canceled
 + _____ Restricted
 N _____ Non-elected
 I _____ Interference
 A _____ Appeal
 O _____ Objected

Claim	Date	Claim	Date	Claim	Date
1		31		61	
2		32		62	
3		33		63	
4		34		64	
5		35		65	
6		36		66	
7		37		67	
8		38		68	
9		39		69	
10		40		70	
11		41		71	
12		42		72	
13		43		73	
14		44		74	
15		45		75	
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18		48		78	
19		49		79	
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30		60		90	
31		61		91	
32		62		92	
33		63		93	
34		64		94	
35		65		95	
36		66		96	
37		67		97	
38		68		98	
39		69		99	
40		70		100	
41		71			
42		72			
43		73			
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68		98			
69		99			
70		100			

BEST AVAILABLE COPY

If more than 150 claims or 10 actions
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m5
 4/10/10
 10/10/01
 10/10/01